

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

AUG 12 2008

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

3 RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
19

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

Felicia Reloba

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

RECEIVED  
UNITED STATES MARSHALS  
NORTHERN DISTRICT  
OF CALIFORNIA  
08 JUN 11 AM 10:10  
DATE 10/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk R. J. Donovan	Date 6/30/08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 6/30/08 - contacted by Lit. Coordinator  
 7/3/08 - Mailed 2/c with 299 Form

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service



**NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL**

United States District Court  
for the  
Northern District of California

TO: MTA Cauntay  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Civil Action, File Number CV07-04967 PJH (PR)

Kevin Burton

v.

California Department of Corrections, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

7/3/08  
Date of Signature

for Federico Rocha, U.S. Marshal  
Signature (USMS Official)

**ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
Street Number and Street Name or P.O. Box No.  
**DEPARTMENT OF JUSTICE**  
455 GOLDEN GATE AVENUE, SUITE 11000  
City, State and Zip Code  
SAN FRANCISCO, CA 94102-3664  
Signature

Attorney for Defendant Cauntay  
Relationship to Entity/Authority to Receive  
Mail  
Service of Process  
8/05/08  
Date of Signature

Copy 1 - Clerk of Court  
Copy 2 - United States Marshals Service  
Copy 3 - Addressee  
Copy 4 - USMS District Suspense

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Correctional Officer Contreras</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

AUG 12 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

**Felicia Reloba**

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

DATE

6/10/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>11</b>	District to Serve No. <b>11</b>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <b>6/30/08</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee <b>\$8.00</b>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS: 4/30/08 - contacted Lit. Coordinator at SVSP  
7/3/08 - mailed out 1st with 299 form  
8-5-08 - Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service



# NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court  
for the  
Northern District of California

TO: Contreras, Correctional Officer  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Civil Action, File Number CV07-04967 PJH (PR)

Kevin Burton

v.

California Department of Corrections, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

7/3/08  
Date of Signature

for Federico Rocha U.S. Marshal  
Signature (USMS Official)  
R. J. Garcia  
Clerk

## ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
Street Number and Street Name, or P.O. Box No.  
**DEPARTMENT OF JUSTICE**  
455 GOLDEN GATE AVENUE, SUITE 11000  
SAN FRANCISCO, CA 94102-3664  
City, State and Zip Code  
[Signature]  
Signature

Attorney for Defendant Contreras  
Relationship to Entity/Authority to Receive  
Mail  
Service of Process  
8/05/08  
Date of Signature

Copy 1 - Clerk of Court  
Copy 2 - United States Marshals Service  
Copy 3 - Addressee  
Copy 4 - USMS District Suspense

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
*See Instructions for Service of Process by U.S. Marshal*

PLAINTIFF

Kevin Burton

AUG 12 2008

COURT CASE NUMBER

CV-07-4967 PJH (PR)

DEFENDANT

California Department of Corrections, et al.

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

TYPE OF PROCESS

Summons Order and Complaint

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MIKE EVANS, WARDEN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

19

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

DATE

6/10/07

**Felicia Reloba****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District of  
Origin

No. 11

District to  
Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

R. J. Donovan

Date

6/3/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

48.00

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

0

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

REMARKS:

6/10/07 - contacted Lit. Coordinator at SVSP  
7/3/08 - mailed summons w/299 form  
8-5-08 Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service



**NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL**

United States District Court  
for the  
Northern District of California

TO: Mike Evans, Warden  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Civil Action, File Number CV07-04967 PJH (PR)

Kevin Burton

v.

California Department of Corrections, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

7/3/08  
Date of Signature

for Federico Rocha, U.S. Marshal  
Signature (USMS Official) R. Rocha  
sw. i. Clerk

**ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
**DEPARTMENT OF JUSTICE**  
Street Number and Street Name or P.O. Box Number  
455 GOLDEN GATE AVENUE, SUITE 11000  
SAN FRANCISCO, CA 94102-3664  
City, State and Zip Code  
[Signature]  
Signature

Attorney for Defendant Evans  
Relationship to Entity/Authority to Receive  
Mail  
Service of Process  
8/05/08  
Date of Signature

Copy 1 - Clerk of Court  
Copy 2 - United States Marshals Service  
Copy 3 - Addressee  
Copy 4 - USMS District Suspense



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Lieutenant Krenke**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

AUG 12 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

RECEIVED  
UNITED STATES MARSHAL  
NORTHERN DISTRICT  
OF CALIFORNIA  
08 JUL 11 AM 10:09

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of <b>Felicia Reloba</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-2000	DATE 6/10/07
---	---	----------------------------------	-----------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>11</u>	District to Serve No. <u>11</u>	Signature of Authorized USMS Deputy or Clerk <i>R. Jan</i>	Date <u>6/30/08</u>
---	---------------------------	-------------------------------------	------------------------------------	---	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee <u>\$8.00</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <u>9</u>	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
------------------------------	---	----------------	---------------	------------------------------	--

REMARKS: 6/10/08 - contacted Lit. Coordinator at LVBP  
7/3/08 - mailed summary w/299 form  
8-5-08, Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service



**NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL**  
United States District Court  
for the  
Northern District of California

TO: Lieutenant Krenke  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Civil Action, File Number CV07-04967 PJH (PR)

Kevin Burton

v.

California Department of Corrections, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

**YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES.** If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

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I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

7/3/08  
Date of Signature

for Federico Rocha, U.S. Marshal  
Signature (USMS Official)

**ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
Street Number and Street Name or P.O. Box No.  
**DEPARTMENT OF JUSTICE**  
455 GOLDEN GATE AVENUE, SUITE 11000  
SAN FRANCISCO, CA 94102-3664  
City, State and Zip Code

[Signature]  
Signature

Attorney for Defendant Krenk  
Relationship to Entity/Authority to Receive

Mail  
Service of Process  
8/05/08  
Date of Signature

Copy 1 - Clerk of Court  
Copy 2 - United States Marshals Service  
Copy 3 - Addressee  
Copy 4 - USMS District Suspense



Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service



**NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL**

United States District Court  
for the  
Northern District of California

TO: Sergeant Ramirez  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Civil Action, File Number CV07-04967 PJH (PR)

Kevin Burton

v.

California Department of Corrections, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

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If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

7/3/08  
Date of Signature

for Federico Rocha U.S. Marshal  
Signature (USMS Official)  
R. Garcia  
Civil Clerk

**ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
**DEPARTMENT OF JUSTICE**  
455 GOLDEN GATE AVENUE, SUITE 11000  
City, State and Zip Code SAN FRANCISCO, CA 94102-3664

Signature [Signature]

Attorney for Defendant Ramirez

Relationship to Entity/Authority to Receive

Mail

Service of Process

8/05/08

Date of Signature

Copy 1 - Clerk of Court  
Copy 2 - United States Marshals Service  
Copy 3 - Addressee  
Copy 4 - USMS District Suspense